

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	SC3-883	3-15-01
RESPONSE FORMALITY REVIEW	MD	JGAT	03-19-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/1/00
2	2/28/01
3	7/15/01
4	2/20/01
5	3/03/01
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If more than 150 claims or 10 actions  
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Claim	Date
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